

Role and Influence of the Patient's Companion in Family Medicine Consultations: "The Patient's Perspective"

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ABSTRACT

Background: Companions often accompany the patient in family medicine clinics and may influence the consultation. This study aims to determine the patients' perspective regarding the role and influence of the companion in the consultation process. **Materials and Methods:** A cross-sectional study was conducted at the family medicine clinics of a university hospital. Adult patients accompanied by companions during the consultation were interviewed through a structured questionnaire. Attributes with respect to role and influence of companion on the consultation were assessed. Data was entered and analyzed through IBM Statistical Product and Service Solutions (SPSS) software version 18 using the Chi-square test. **Results:** A total of 100 patients accompanied by companions participated in the study. Majority of companions were present to either provide company (90%) and/or emotional support (90%). Immediate relatives had a role in mobility ($P = 0.016$) and decision making ($P = 0.006$). Most companions remained passive and did not contribute to the doctor patient relationship ($P = 0.058$). Male companions were relatively helpful (54% vs. 25%, $P = 0.008$) in achieving the expectations from the visit. The companion played a supportive role in 62% of the consultations. **Conclusion:** This study signifies a supportive role of companion in a consultation which emphasizes the need of consultation models to include the "companion."

Keywords: Accompanying person, companion, family medicine consultation

Introduction

The specialty of family medicine emphasizes the importance of assessing the patient's health, illness and disease within the context of family and community. Providing family-oriented primary care is one of the distinguishing features of this specialty.^[1,2]

Conventionally, physician training focuses on an encounter between two people: The patient and the physician. In practice, a third person (companion) frequently accompanies a patient during medical encounter.^[3] The companion may provide valuable information about the patients' psychological and socio-cultural dimensions. They may facilitate or impede patient's participation and autonomy in decision making.^[1,3,4]

Family members as companions have important role in improving the understanding of patient during consultation. A United States

study found that 39% of patients came to the physician's office with a family member or friend with majority (55%) preferring to have a friend or family member in the examination room with them for some of their visits.^[1] Some reasons reported in the literature for accompanying the patient was to help with transportation, providing company and support.^[5] Another study showed that the accompanying person's role was most frequently (68.6%) as an advocate for the patient and their influence was usually described as positive (95.1%).^[6]

Multiple studies have been done from the patient's perspective to determine the role of companion during the consultation. These studies reported a useful role of companion in understanding information and improving communication.^[7-10] The companion views in a Pakistani study demonstrated that their role during consultation assisted in the treatment of the patient.^[11] However, data is lacking from Pakistan with regards to patient's perspective during family medicine consultations. This study aimed at filling this gap by determining the patients' perspective regarding the role and influence of the companion in the consultation.

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Materials and Methods

A cross-sectional study was conducted at the family medicine clinics of Aga Khan University Hospital Karachi, Pakistan. This hospital is one of the major, not-for-profits, tertiary care teaching hospital in Karachi, Pakistan. Patients more than 18 years of age visiting the family medicine clinics accompanied by companions during the consultation were included in the study. A structured questionnaire was developed in English after an extensive literature review using key words "companion," "consultation" "accompanying person," "patient's perspective," "family medicine clinic." Based on the literature review questionnaire was developed looking at the role and influence of the companion. The questionnaire comprised of two sections: Demographic variables and perceptions variables. The demographic variables of patient were age, gender, educational status, occupation and number with relationship of accompanying persons during the consultation. The study was conducted for a period of 1 month and was reviewed and approved by the Family Medicine Research Committee at Aga Khan University. The perception variables were role of companion in consultation and influence of companion on consultation.

The role of companion included the following attributes: Physical mobility, payment for the consultation, registration and form filling, overcoming language barriers, effective communication of concerns, remembering all complaints, remembering doctor's advice and instructions, decision making and provision of emotional support during the consultation.

The influence of companion's presence included: Length of the visit, number of tests ordered, referrals, helping the doctor to understand the problem, understanding of the doctor's advice and explanations, good relationship with the doctor, expectations achieved from the visit, focus on patient's problems, comfort during physical examination and negotiation of mutually acceptable plan with the doctor during consultation. The respondents had to mark the influence of the companion as passive, helpful or antagonist during the consultation.

An overall impression of how helpful the companion's presence was assessed using five attributes (dominant, distractive, observer, supportive and discouraging). The questionnaire was piloted on 15 patients and amendments were made. Data was collected by the co-investigator after taking written informed consent and ensuring confidentiality. In all 110 patients were consecutively approached to take part in this study. Hundred (90%) agreed to participate and were interviewed in a separate room without the companion.

Data was entered and analyzed through IBM Statistical Product and Service Solutions (SPSS) software version 18. Descriptive statistics (percentages) were calculated to determine the characteristics of the sample. Factors affecting perception such as age, gender, education, relationship of companion

was compared with the role and influence of companion on consultation. Relationship of companion with the patient was subdivided in two groups, i.e., immediate (spouse parents and children) and distant relatives. Comparison between the demographic and perception variables was analyzed by Chi-square test. A *P* value of <0.05 was considered to be statistically significant.

Results

Demographic data

A total of 100 patients participated in this study. Majority of the participants were aged between 18 and 44 years, whereas, only 7% of the participants were more than 65 years of age [Table 1]. Over one-third of the patients' (76%) were female.

Figure 1 depicts the companion characteristics. Approximately, 86% of the companions were immediate relatives of the patient including children accompanying in 42% of the cases. 59% were accompanied by one companion while 34% have two and only 6% had three people accompanying them.

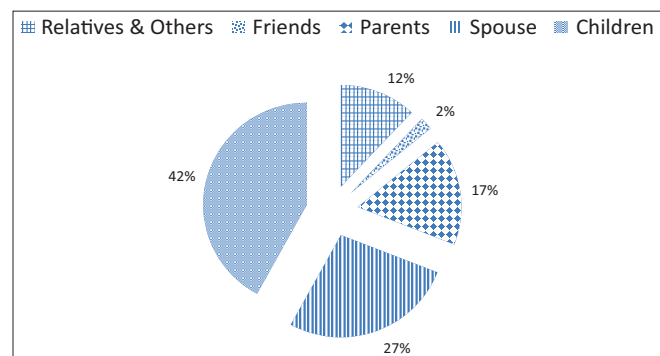


Figure 1: Companion's characteristics

Table 1: Patient's demographic characteristics

Patient's characteristics	N (number) out of total 100
Age	
18-44	64
45-64	29
≥65	7
Gender	
Male	24
Female	76
Education	
None	13
Primary	15
Secondary	46
Graduate	23
Post-graduate	3
Occupation	
Student	12
House wife	53
Jobless	10
Office worker	25

Nearly 93% of the patients were accompanied by a companion throughout consultation whereas 83% continued to accompany them during physical examination.

Role of companion

Majority of the participants responded that companions were present to either provide company 90% and/or emotional support 90% [Figure 2]. Approximately 62% of the participants reported that companions assisted with transportation. Around 57% of the participants reported that their companion's role was to facilitate communication regarding their concerns, 51% of the companions helped in recalling advice given by the doctor and 49% assisted in decision making during the consultations.

Factors affecting the perceived role of the companion were analyzed to verify whether there was a significant gender difference. It was found that none of the attributes were affected by gender.

Results of comparing the educational level of the patient with the different roles did not show any statistical significance. Comparing the relationship of the companion to the patient with respect to different roles showed statistical significance in mobility ($P = 0.016$) and for decision making ($P = 0.006$) by immediate relatives. Similarly, immediate relatives provided emotional support to patient in 68% cases but the results were not significant.

Age was an important predictor for the companion's role in being a helper for mobility purpose ($P = 0.002$). Overall patients less than 40 years of age were more satisfied with the medical care provided.

Influence of companion

One-third 34% patients thought that consultations were longer when a companion was present than when they were alone [Figure 3]. Number of tests and referrals were not influenced by the presence of companion. Most of the companions remained passive during the consultation and they did not contribute in

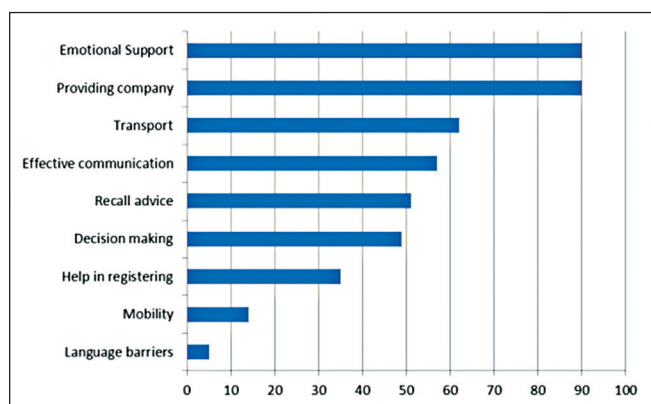


Figure 2: Role of companion during the consultation ($n = 100$ for each variable)

developing a good relationship between the doctor and patient ($P = 0.058$). Females were more helpful in influencing the understanding of the doctor's advice and explanation, but the results were not found to be significant ($P = 0.667$).

Around 75% ($n = 57$) of the female companions were found to have no influence in achieving the expectations from the visit, whereas male companions were found to be relatively helpful in reaching the expectations of the patients (54% vs. 25%, $P = 0.008$) respectively. Similarly, females as compared with males had no influence in helping the patients negotiate a mutually acceptable plan with the doctor (21%, vs. 41% $P = 0.045$) respectively. Overall there was no antagonistic influence of the companions with respect to gender.

Males were slightly more helpful 54.2% ($n = 13$) in focusing on patients problems and keeping on track during consultation as compared with females 40.8% ($n = 31$). Overall the influence of companions over the consultation was reported to be supportive in 62% of the consultations, whereas 33% were observers and 5% dominated or had a discouraging effect on the consultation.

Discussion

The purpose of the study was to determine the influence of companion/s accompanying patients on the consultation in family medicine clinics. Our study showed that majority (62%) of the companions had a supportive role during the consultation.

In this study, 86% of the companions were immediate relatives. This is in accordance to other studies conducted in Canada, Pakistan and Taiwan.^[4,11,12] Majority 83% of the companions

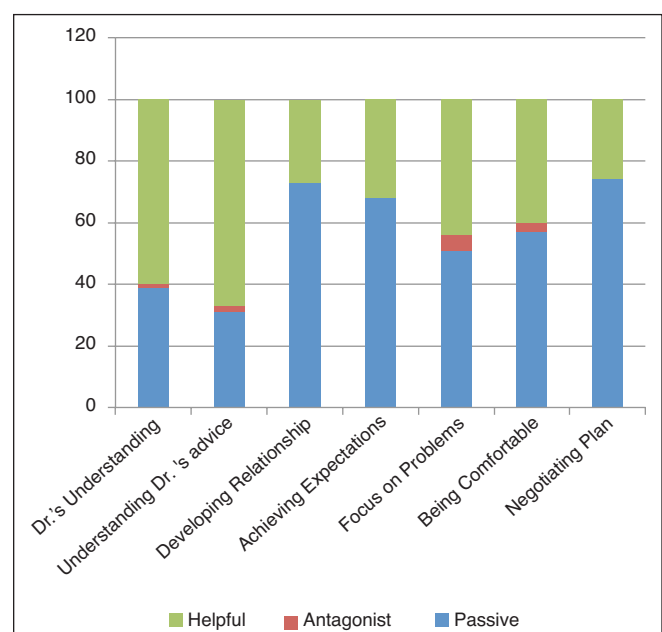


Figure 3: Influence of companion during consultation ($n = 100$)

remained in the room during the physical examination as compared with 43% and 16% in the United States.^[3] Among the possible reasons could be that our sample mainly comprised of women 76% and due to cultural reasons the companions acted as chaperones even if the doctor and physician were of the same gender.

Patients were accompanied by a companion for a variety of reasons and 90% did provide company and emotional support showing strong family relations which is in accordance with the international data.^[3,6] Our study highlighted the role of companion in effectively communicating concerns to doctors, which is also supported by literature.^[13]

Role of the immediate relatives in decision making came out to be significant, this could be explained by the fact that most of our patients were women and traditionally they may not have the autonomy for independent decision making.

Adelman *et al.* found that geriatric patients were accompanied with a companion because of ambulatory difficulties, mental illness and cognitive impairment.^[14] This is corroborated in our case where patient's age was an important predictor for help with regards to mobility ($P = 0.002$). Culturally in South Asia it is a norm for older adults to have an accompanying person wherever they go out of respect and at times it is a perceived physical limitation of the person.

In this study, 67% of the companions were found to be helpful in understanding doctor's advice and developing doctor's understanding of the patient's problems. Patient's understanding was increased in 60% of cases by the companion's presence similar to a study conducted in United Kingdom.^[5] An international study showed marginal to no effect on tests, treatment and length of visit^[3,8] this is similar to the results of our study.

In one of the previous studies conducted by Qidwai *et al.* in Pakistan companions reported that females were more verbally active than their male counterpart that is not supported by our study as no influence of gender of the companion was seen on the consultation as reported by the patient.^[11] This is probably due to the larger number of female participants in the study. An overall supportive influence of accompanying people on patient doctor interaction has been described in previous studies,^[3,15] which is also supported by our study in 62% of the cases. A systematic review on the role of companion in the triadic medical consultation also highlights that companions are frequently perceived as helpful and assume a variety of roles.^[16] This strengthens the importance of involving close family members impact on the consultation.

This study had some potential limitations. The small sample size restricted the detailed exploration of subgroup differences and along with patients, opinions of companion and the physician could have been included. Secondly, since this was a cross-sectional study therefore causality cannot be established.

Conclusion

Companions frequently accompany patients to the family physicians for medical encounter. Most of the companions are family members. Emotional support, help in transport and effective communication of their concerns are the most common reported roles. Companion played a supportive role in majority of the consultations.

Based on the results, we recommend that the consultation models need to be broadened to include the "companion." Future studies are needed to include the doctor's perspective on the role and influence of the companion. The current results should be replicated in a larger study with more statistical power.

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